

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 12 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072633

1. Corporation Name

AMERICAN R E CORP

New Address:
5795 ORANGE DRIVE

~~16300 N E 19TH AVENUE~~ DAVIE, FLOIRDA 33314

~~46300 N E 19TH AVENUE~~

2. Principal Office Address

~~16300 N E 19TH AVENUE~~
5795 ORANGE DRIVE
DAVIE, FLOIRDA 33314

3. Mailing Office Address

~~16300 N E 19TH AVENUE~~
5795 ORANGE DRIVE
DAVIE, FLOIRDA 33314

City & State

~~NORTH MIAMI BEACH, FLORIDA~~

City & State

NORTH MIAMI BEACH, FLORIDA

Zip

~~33162~~

Country

~~DADE~~ Broward

Zip

~~33162~~

Country

~~DADE~~ Broward

**4. Date Incorporated or Qualified
To Do Business In Florida** 07/27/2000

5. FEI Number
65-1029473

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARBELIO J BARROSO

Street Address (P.O. Box Number is Not Acceptable)

~~16300 N E 19TH AVENUE~~
5795 ORANGE DRIVE
DAVIE, FLOIRDA 33314

State
FL

Zip Code
33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/6/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	ARBELIO J BARROSO	5795 ORANGE DRIVE DAVIE, FLOIRDA 33314	FLORIDA 3

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/04

Daytime Phone #